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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number RADIN-002A

First Named Inventor David R. Jenkins

COMPLETE IF KNOWN

Application Number Unknown

Filing Date

Art Unit

Examiner Name Unknown

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COLOR CALIBRATION METHOD FOR IMAGING COLOR MEASUREMENT DEVICE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label <input style="width: 150px;" type="text"/>		OR <input checked="" type="checkbox"/>		Correspondence address below	
Name Kit M. Stetina							
Address STETINA BRUNDA GARRED & BRUCKER 75 Enterprise, Suite 250							
City Aliso Viejo				State California		ZIP 92656	
Country United States		Telephone (949) 855-1246			Fax (949) 855-6371		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name David R. (first and middle [if any])				Family Name Jenkins or Surname			
Inventor's Signature						Date	
Residence: City Chapel Hill		State North Carolina		Country United States		Citizenship United States	
Mailing Address 1001 Brendan Court							
City Chapel Hill		State North Carolina		ZIP 27516		Country United States	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	Unknown
	Filing Date	Herewith
	First Named Inventor	David R. Jenkins
	Group Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	RADIN-002A

I hereby appoint:

☒ Practitioners at Customer Number 007663 → Place Customer Number Bar
Attention: **Kit M. Stetina, Esq.** Code Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number: Attention: [attorney name]

OR

☐ Practitioners at Customer Number → Code Label here
Attention: [attorney name]

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kit M. Stetina				
Address	STETINA BRUNDA GARRED & BRUCKER				
Address	75 Enterprise, Suite 250				
City	Aliso Viejo	State	California	ZIP	92656
Country	United States				
Telephone	(949) 855-1246	Fax	(949) 855-6371		

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE OF Applicant or Assignee of Record

Name	David R. Jenkins
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

SEND TO Assistant Commissioner for Patents, Washington, D C 20231